

GUIDELINES FOR SERVING STUDENTS WITH SPECIAL HEALTH CARE NEEDS

PART II: SPECIALIZED NURSING PROCEDURES

www.kdhe.state.ks.us/c-f/special_needs_part2.html

**Kansas State Department of Education
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Introduction

This manual, Guidelines for Serving Students with Special Health Care Needs. Part II: Specialized Nursing Procedures, is the companion document of Part I of the Manual published in July, 1996 titled, Guidelines for Serving Students with Special Health Care Needs. The original manual delineates laws, regulations and school personnel responsibilities related to the Individualized Health Care Plans for students with special health care needs. Part II of the manual outlines the specific nursing procedures for maintenance of the student in the school setting and is written to assist school systems in establishing a safe environment for students with significant health problems.

Lawful custodians* have primary responsibility for seeking appropriate health care and for maintaining the proper health care regime for their students. If at all possible, students should receive their medications and specialized health care procedures/treatments outside of school hours. Lawful custodians are most familiar with the health care needs of their students, therefore, should be expected to provide the school with comprehensive medical information necessary for the care of their students while attending school. School health services should be provided to the student in an inclusive educational environment and the team of educators, school health service providers and lawful custodians should ensure plans for effective delivery of these services to students with special health care needs.

These guidelines are intended to enhance the educational process by providing guidance to parents, school nurses, teachers and other school staff members on the care of students with special health care needs. Part I and Part II of the manual are based on federal and state laws and regulations and a review of protocols within medical and nursing literature. The general guidelines contained within this publication are intended to provide a broad framework for planning appropriate health care services for students with special health care needs. Because each student is different and has a unique array of needs, these guidelines are not to be considered the sole source or a substitute for the development of an individualized health care plan addressing the student's health care needs, which may also be part of the student's Individualized Education Program (IEP), Section 504 Plan or General Education Plan. A training program involving the student's primary health care provider, specialists when appropriate, the family, the school nurse and community health providers will need to occur as individual student needs are considered and plans are implemented. The Kansas State Board of Nursing regulations on delegation of tasks/procedures must always be incorporated into training (See Appendix Q).

Students with special health care needs are defined, for purposes of these guidelines as any student who may receive medication or specialized procedures/treatments during the school day for a health related problem. This includes general education students as well as special education students. The procedural sections contained in this manual should provide useful guidance for developing local policies on caring for all students with chronic health conditions.

Local Education Agencies (LEA's) should consider the following questions when developing policies and programs to provide care for students with special health care needs:

- Who are the students with special health care needs?
- What types of care providers within the school setting are required for students who need specialized health care procedures?
- What health care services or procedures will the LEA provide?

Part I of the manual, (July 1996) outlines requirements for LEA to provide special health care procedures. Please refer to this document for more information on statutes and regulations.

*Lawful custodian is the term used in this guideline to mean parent or lawful guardian.

Resource List

This manual is an adaptation of several state manuals, the Boston Children's Hospital Project School Care manual and a variety of other resource materials. The following is a list of the manuals most used to develop the Kansas document:

California Department of Education. (1990). *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils*.

Colorado Department of Public Health & Environment. (1995). *Procedure Guidelines for Health Care of Students With Special Needs in the School Setting*. Denver.

Graff J., Ault, M., Guess, D., Taylor, M., and Thompson, B. (1990). *Healthcare for Students with Disabilities. an Illustrated Medical Guide for the Classroom*. Baltimore, MD: Paul Brookes Publishing Co.

Igoe, JR, (1990). Office of School Health Programs. University of Colorado Health Sciences Center. *National Guidelines for the Administration of Medications in Schools*. Denver, Colorado.

Kansas Department of Health and Environment. (1995). *Children, Youth & Families Health Services Manual: School Health Manual*. (Vol III).

Keen, Tammy P., et. al., (1996). *Guidelines for Specialized Health Care Procedures*. Virginia Department of Health. Richmond.

Montana Office of Public Instruction. (1993). *SeMng Students with Special Health Care Needs: A Technical Assistance Document*. Helena.

Porter, S. , Haynie, M., Bierle, T., Caldwell, T.H., & Palfrey, J. S., (1997). *Children and Youth Assisted by Medical Technology in Educational Settings Guidelines for Care*. 2nd Edition. Baltimore, MD: Paul H. Brookes Publishing Co. (Selected portions of this manual reprinted by permission. This permission excludes any material belonging to other sources. Requests to use or copy any or all of the material reprinted from the above book should be directed to the publisher as follows: Permissions Department; Paul H. Brookes Publishing Co.; P.O. Box 10624; Baltimore, Maryland 21285-0624). Contributing authors include:

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Skills Checklist format for this entire manual adapted by permission from Children's Hospital Chronic Illness Program, Ventilator Assisted Care Program. (1987). *Getting It Started and Keeping It Going - A Guide for Respiratory Home Care of the Ventilator Assisted Individual*.

New Orleans, LA.

South Carolina Department of Health and Environmental Control. (1990). Division of Children's Health. *Manual of Nursing Procedures for South Carolina Schools*.

Utah State Office of Education. (1995). *Guidelines for Serving Students with Special Health Care Needs*.

We recognize and appreciate the many health and education professionals who have contributed to the manuals listed above. Especially notable is the outstanding work initiated by the Boston Children's Hospital Project School Care in the mid-1980's with the evolution of the 1997 book, *Children and Youth assisted by Medical Technology* edited by Stephanie Porter, et. al. The Kansas guideline has been developed in keeping with these materials and with many more which are listed under NOTES in sections throughout the manual.

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General Guidelines for Administering Medication in School

Sample Policy for Administering Medication

I. Overview

A. Administering prescription and over-the-counter medication during school hours is a complex issue. In order for many students with chronic illnesses or disabilities to remain in school, they must receive medication. However, administering medication in school has the potential for many problems, such as storage problems, designated personnel to administer the medication, potential undesirable side effects, and emergency situations which may arise as a result of the medication. Medication must be administered under the safest possible conditions. Therefore, these guidelines are offered to assist school districts in developing a policy for administering medication to students at school. The following guidelines were developed to provide guidance for administering medication to students who have specialized health care needs.

B. Prior to administering any prescription medication the following three items should be addressed:

- Authorization for medication
- Labeling for the medication
- Lawful custodian consent

***Policies for over-the-counter medications vary from one school district to another. Refer to local school district policies for over-the-counter medications. Also refer to guidelines provided in the manual titled, "Children, Youth and Families Health Services Manual", Volume III pp. 204-210.**

1. Medication Authorization

The use of medications must be authorized in writing by a licensed prescriber that includes physicians, doctor of osteopathy or dentists. The written authorization should include:

- Student's name
- Licensed prescriber's name, telephone number, and signature
- Date prescription written
- Name of medication
- Dosage
- Time of day to be given
- Anticipated length of treatment
- Diagnosis or reason the medication is needed

Serious side effects that the student might experience
Any serious problems that may occur if the medication is not administered
Special handling instructions

(See example of a medication authorization/lawful custodian consent form at the end of this section.)

Any changes in the original medication authorization require a new written authorization and a corresponding change in the prescription label. Faxed authorizations may be acceptable as long as there is a signed lawful custodian consent for the medications authorized by fax. Changes in medications via the telephone should be taken only under extreme or urgent circumstance. Telephone changes should be taken directly from the licensed prescriber by a licensed Registered nurse only. The telephone authorization for changes in medications should be recorded on the student's record and be a one-time- order only. A telephone authorization should be followed by a written order from the licensed prescriber within 24 hours.

Medication authorizations should be received on a standardized authorization form on stationary or prescription pads from the licensed prescriber.

2 Lawful Custodian Consent

In addition to the medical authorization for administering medication, lawful custodian consent must be obtained before a medication is given to a student. For each medication, the lawful custodian consent should include the:

Student's name
Name of the medication
Lawful custodian's name
Lawful custodian's emergency/daytime phone
number Statement of lawful custodian's consent
Date of consent
Allergies

If a medication is administered over the course of a school year, a renewed consent form should be obtained every six months, or if it is a standing order beyond one school year, lawful custodian consent should be renewed yearly. (See example of a medication authorization/lawful custodian consent form at the end of this section.)

3. Medication Labeling

The final area that should be addressed prior to administering medication is

labeling. The medication must be in its original container before it is given to a student. The pharmacist can divide the medication into two containers—one for home and one for school. The original container should be labeled with student's name, name of medication, directions for dosage, frequency to be administered, the licensed prescriber's name, and the date the prescription was filled. Medications in plastic bags or other non-original containers are not acceptable.

Administering Medication

1. School Staff

In schools where school nurses are available on a daily basis, it is recommended that school nurses assume responsibility for administration of medication to students. In cases where the Registered Nurse has delegated the responsibility for administering the medication by unlicensed school personnel, the nurse is required to teach and supervise this activity. (See KAR 60-15-102 and 60-15-103.)

2 Documentation of Medication Administration

When medication is brought to school, the amount of medication in the container should be noted (i.e., the number of capsules or the volume of liquid). Each time a medication is administered, a record should be kept of who administered it (initials may be used as long as a complete signature which corresponds with the person's initials is noted on the record), to whom it was given, the name of the medication, the time it was given, the dose given, the manner in which it was delivered (e.g., by mouth, in ear), the effect of the medication, and any side effects or reactions. Any changes in the type, or dosage of the medication, or the time it is to be given, should be accompanied by a new medication authorization/lawful custodian consent form, a newly labeled medication container from the pharmacy and new physician's order. The school nurse should establish the date when written medication renewals will be required.

3 Storage of Medications

A two-week supply or less of medications (unless medication is taken on a daily basis throughout the school year) should be kept in an appropriately labeled container which is locked and secured in a designated space (e.g., a locked box stored within a locked cabinet). Access to keys for the storage space in which medication is kept should be limited to the school health nurse, the principal, and authorized staff. A listing of authorized staff should be maintained and updated routinely. Keys to the medication storage area should never leave the school grounds. Arrangements need to be made for

medications requiring refrigeration. The school nurse should establish a date when any unused medication should be picked up by lawful custodian.

4 Lawful Custodian

Prior to administering a medication at school the lawful custodian should:

- a. provide the school with a written authorization from the licensed prescriber which includes: the student's name, name of the medication, dosage, hours to be given, method by which it is to be given, name of the licensed prescriber, date of the prescription, expected duration of administration of the medication, and most importantly, possible toxic effects and side effects. For any changes in medication, the lawful custodian must provide a written authorization signed by the licensed prescriber.

provide the medication as required in a labeled container.

provide a completed lawful custodian consent form.

administer the first dose of any new medication, unless the medication is an "in school" medication only.

transport medication to the school so that the student is not responsible for bringing the medication to school.

(See example of a medication authorization/lawful custodian consent form at the end of this section.)

Unused medication should be picked up by lawful custodian within one week of the expiration date. After one week the medication should be destroyed by the Registered Nurse. Medication given on a daily basis throughout the year should be destroyed two weeks after the List day of school. It is advisable that the destruction of the medication be witnessed by another person.

Self-Administration of Medications

Many school districts do not allow self-administration of medication except under special circumstances with a physician's order and under the supervision of the school nurse. School districts that allow self-administration of medication should consider the following questions when developing a policy for self-administration of medication.

Has the student demonstrated his/her capability for self-administration and an understanding that medication is not to be shared?

Is there a need for a medication order stating that the student is qualified and/or able to self-administer the medication?

Is there a need for lawful custodian consent for self-administration?

What medication will the student be allowed to carry and administer?

Does the medication require refrigeration or security?

Is there a need for notification of appropriate team members (such as teachers, principals, support persons) of all self-testing or self-administration of medication?

Is there a need for staff to be appropriately prepared for working with the student e.g. knowledge of medication, equipment, or signs of allergic reaction?

Self-administration of Medication by a student is a privilege which can be taken away if medication policies are abused or ignored. This information should be emphasized when working with the student on development of the Individualized Health Care Plan. It should be noted that the guidelines listed previously for prescription and over-the-counter medication should be followed with medication that is self-administered. (See Children, Youth and Families Health Services Manual, Volume III, pp 204-210).

E Needs for Medication Away From School

At least one day prior to a field trip, the school nurse who administers the medication should be made aware of the event so that arrangements can be made to meet the student's needs for medication. Medication given on field trips would be administered according to the guidelines for administering medications, which include administering the medication from the original medication container.

F Medications for Anticipated Health Crisis

A written anticipated health crisis plan (See Appendix A) should always be available when medication administration is necessary, based upon student's medical diagnosis. For example, glucagon is a drug that may be needed during a health crisis for a student with diabetes for treatment of low blood sugar. A sample procedure/policy for administering glucagon is included in the Chronic Conditions section of this manual on Diabetes.

II Possible Problems that Require Immediate Attention

Observations	Reason/Action
Incomplete dose of medication	<i>If the student spits or vomits the medication, a full dose will not have been ingested. Check with student's physician on readministering if incomplete dose was administered. Also investigate why the student spit or vomited. Perhaps a smaller portion of medication may be given at more frequent times, or medication may be mixed with juice to make it more palatable.</i>
Incorrect medication	<i>Notify lawful custodian and physician immediately with name of medication and dosage given. Follow physician's orders.</i>
Medication not given	<i>Report immediately to lawful custodian and/or physician. Determine when medication should be next given.</i>
Choking	<i>Stop giving medication immediately. When student begins to breath regularly and has completely recovered, medication can be given. If the student does not recover and is believed to have an obstructed airway, perform the Heimlich Maneuver, activate the emergency medical system, and begin CPR as indicated.</i>
Response to medication	<i>Any side effects should be reported to the lawful custodians. If the student has an allergic reaction, the medication should be discontinued.</i>

NOTE: Student should be observed for 20 minutes after administering medication to determine any adverse reactions. This may be done in classroom when teacher is properly instructed.

Procedure for Administering Medication

Procedure

Points to Remember

1. Wash hands
2. Assemble equipment:
medication
container for administering (if
applicable)
3. Review the medication authorization,
medication label, and lawful custodian
consent for administering medication.
*The first dose of the medication should be
given at home unless the medication is a
"school only" medication.*
4. Review Individualized Health Care
Plan for documentation of any child-
specific techniques that are
recommended for administering the
medication.
*Prior to administering medication, it is
essential that the method used for giving the
medication at home be known. This method
should be followed in the school setting.*
5. Remove medication from storage area.
Compare label on medication
container with medication
authorization. Ensure that the dosage,
time given, student's name, and
licensed prescriber's name on the
medication label is identical to the
medication authorization. Read the
label 3 times before administering the
medication.
*Helps to ensure that the right medication is
given to the right student.*
6. Prepare medication. An accurate
means for measuring the medication
should be readily available. Liquid
medication may be poured into a cup
with marked measurements, a
medicine spoon with marked
measurements, or pulled up into a
syringe. A tablet or capsule may be
placed in a cup.
*The person preparing the medication should
be the person giving the medication.
1 teaspoon = 5 milliliters or 5 cubic
centimeters.*
7. Place remaining medication back into
the designated storage area.

8. Explain the procedure to the student at his/her level of understanding. Encourage the student to participate as much as possible. *By encouraging the student to assist in the procedure, the care-giver is helping the student achieve maximum self-care skills.*

Oral Medications

1. Positioning for special situations:

Small students at infant developmental level:

- Hold student in the cradle position.
- Stabilize student's head against your body.
- Hold student's arm with your free arm.
- Press on student's chin to open mouth.

When holding or supporting the student, it is important that the student is relaxed to prevent choking.

A relaxed position may be achieved by flexing the student's neck, rounding the shoulders, and positioning the student in a slightly forward or flexed position.

Large student at infant developmental level:

- Allow student to remain in wheelchair.
- Support student's head against your body.
- Press on student's chin to open mouth.

Students with tongue thrust:

- Medications may need to be rescued from the student's lips or chin and re-administered.

2. Administering medication:

Dropper

Squirt medication to the back and side of the student's mouth in small amounts.

Syringe

Place syringe to the back and side of the student's mouth. Give the medication slowly, allowing the student to swallow.

In smaller students, 3 or 4 squirts per 5 milliliters (ml) is recommended.

Nipple

Pour medication into the nipple after it has been measured. Allow the student to suck the medication from the nipple. Follow the medication with a teaspoon of water.

Medicine Cup

Place the medication in the cup. If the student is capable of drinking the medication without help, allow him/her to do so; if the student is unable to hold the cup, then hold the cup and allow the student to drink the medication.

Tablets

If the student is able to swallow a tablet, place it on the middle of the tongue, then student can swallow tablet with juice or water.

Tablets that may be chewed or crushed and placed in a fruit syrup or applesauce.

Tablets may be crushed between 2 spoons.

Unscored tablets should not be divided. If medication authorization requires unscored tablet to be divided, please consult with pharmacist prior to dividing the medication.

Do not force a student to take a tablet if he/she resists because of the potential for aspiration.

Capsules

Place the capsule on the back of the tongue and have the student swallow lots of fluid. Some capsules may be opened and sprinkled on a spoonful of food. Check with pharmacist to see if this can be done.

3. Before student leaves your presence, make sure that he/she has received and swallowed all of the medication.

Whole tablets should not be given to students less than 5 years old because of the potential for aspiration.

It is important to check with pharmacist to see if drug action will be affected by crushing the medication.

Make sure that medication does not cling to spoon, so that student receives all of the prescribed medication.

Division of unscored tablets may adversely affect their absorption by the body.

Check with lawful custodians to determine how the medication is given at home.

Many medications are designed to be time-released. It is important not to disrupt this formulation because it may affect the absorption of the medication and could cause potential harm to the student.

Students may hold medication in their mouth and spit it out at a later time.

Nose Drops

1. For younger students or developmentally younger students, cradle student in your arms, stabilizing head with arm, and tilt student's head slightly back OR place student's head over a pillow.
2. Squeeze prescribed drops into each nostril.
3. Older students may give their own medication, if they are able to sniff the medication.

The lowered position is necessary when the student can not sniff the medication.

Ear Drops

1. Tilt student's head away from affected ear. Pull pinna (outer edge of ear) upwards and back gently.
2. Instill ear drops as ordered into the student's ear.
3. Student should maintain this position for 5 to 10 minutes. Then place a small piece of cotton ball into the ear canal.

Keeps medication from flowing out of the ear.

Eye Drops or Ointment

1. Place student in a supine position (lying down on his/her back).
2. Drops - Pull lower eyelid down and out to form a cup. Drop solution into the cup. Close eye gently and attempt to keep eye closed for a few moments.
3. Ointment - Pull lower eyelid down, apply ointment along edge of lower eyelid from the nose side of the eyelid to the opposite side.

Avoid touching dropper to eye to avoid contamination of the medication.

Avoid touching tip of medication container to the eye to avoid contamination of the medication.

Rectal Medications

1. Place student in side-lying or prone position (on his/her stomach)

2. Lubricate suppository with water-soluble gel.
3. Using a finger cot, gently insert the suppository into the rectum. Do not insert finger more than 1/2 inch. Hold buttocks together for 5 to 10 minutes.

It is important that privacy be provided.

Prevents quick expulsion of the medication so that the medication has adequate time to be absorbed.

Enzyme Replacement Therapy

1. Enzymes should be given **prior** to a meal or snack.
2. Microspheres or microtablets should not be crushed or chewed.
3. For infants and small children, the capsules should be broken open and mixed with a **lower pH** food such as applesauce.
4. Document medication given, time given, amount given, how it was given, who gave it, and the student's name. Also, document any problems or side effects noted.

Used with students with cystic fibrosis to provide pancreatic enzymes.

Pancreatic enzymes aid in digestion and absorption of food; therefore, they should be given prior to eating.

Enzymes should dissolve in the higher pH environment of the intestines rather than the mouth. The enzymes are coated with an enteric coating that prevents the enzyme from being dissolved till it reaches the intestine. If the coating is disrupted by crushing or chewing, the enzyme will not dissolve in the proper place.

Notify lawful custodians and/or physician of any problems or side effects.

Authorization/Lawful Custodian Consent for Administering Medication

(Use a separate authorization form for each medication.)

Student's Last Name _____ First Name, Middle Initial _____
Student Number _____ Grade _____ Date of Birth ____/____/____
Allergies _____

Lawful Custodian

I am the lawful custodian of _____. I give my permission for him/her to take the following prescribed medication while in _____ School. I hereby acknowledge that I have read and understood the School Board Policies relating to the taking of medications. I hereby release _____ School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the licensed prescriber.

Lawful Custodian Signature

Daytime Phone

Date

Medication Authorization (For Use By Licensed Prescriber Only)

Relevant Diagnosis _____
Medication _____

Dates medication must be administered at school: _____ Short Term (List dates to be given _____)
_____ Every day at school _____ Episodic/Emergency Events ONLY

Dosage (Amount) _____ Route _____ Form _____ Time(s) of Day _____

A. Serious reactions can occur if the medication is not given as prescribed: ____ YES ____ NO
If yes, describe: _____

B. Serious reactions/adverse side effects from this medication may occur ____ YES ____ NO
If yes, describe: _____

Action/Treatment for reactions: _____

Report to you: ____ YES ____ NO
(Drug information sheet may be attached.)

Special Handling Instructions: _____ Refrigeration _____ Keep out of sunlight
_____ Other _____

Asthmatic/Diabetic ONLY

This student is both capable and responsible for self-administering this medication:
____ NO ____ YES-Supervised ____ YES-Unsupervised

This student may carry this medication: ____ NO ____ YES

Licensed Prescriber's Name _____ Date _____

Telephone number _____ Emergency Number _____

NOTES

1. Information in this section adapted from:

Cystic Fibrosis Foundation.(1990). "Nutritional assessment and management in cystic fibrosis." *Consensus conferences, concepts in care*, 1.

Graff, J., Ault, M., Guess, D., Taylor, M., and Thompson, B. (1990) . "Medication administration." *Healthcare for students with disabilities, an illustrated medical guide for the classroom* (pp. 29-41). Baltimore: Paul H. Brookes Publishing.

Igoe, J. B., (1990). *National guidelines for the administration of medications in schools*. Office of School Health Programs, University of Colorado Health Sciences Center. Denver.

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